

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F94000001962**

1. Entity Name  
**ZAREMBA RED ROAD COMPANY**



Principal Place of Business  
**14600 DETROIT AVE.  
SUITE 1500  
LAKEWOOD, OH 44107**

Mailing Address  
**14600 DETROIT AVE.  
SUITE 1500  
LAKEWOOD, OH 44107**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**34-1764194**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1100000558508

05/17/06-800008-004 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ZAREMBA, WALTER
STREET ADDRESS	14600 DETROIT AVE.
CITY-ST-ZIP	LAKEWOOD, OH 44107
TITLE	VT
NAME	URBANCIC, JOSEPH J
STREET ADDRESS	14600 DETROIT AVE.
CITY-ST-ZIP	LAKEWOOD, OH 44107
TITLE	V
NAME	STEADLEY, ROBERT F
STREET ADDRESS	14600 DETROIT AVE.
CITY-ST-ZIP	LAKEWOOD, OH 44107
TITLE	S
NAME	VONBENKEN, BARBARA
STREET ADDRESS	14600 DETROIT AVE.
CITY-ST-ZIP	LAKEWOOD, OH 44107
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #